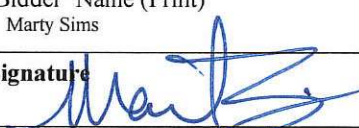


ATTACHMENT 6  
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

**An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection**

1. Company Name Pacific States Insulation & Acoustical Contracting, Inc.	2. Telephone Number ( 510 ) 433-1039	2a. Fax Number ( 510 ) 924-7629
2b. Email Address Marty@psiacon.com		
3. Address 7901 Oakport Street, North building, Suite 3600, Oakland CA 94621		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) [REDACTED]	8. California Corporation No. C3224550	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000001815		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 939943	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) Marty Sims	13. Title President	
14. Signature 	15. Date April 23, 2019	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter certification number: _____		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below: _____		
<b>NOTE:</b> A copy of your Certification is required to be included if either of the above items is checked " <b>Yes</b> ".		
Date application was submitted to OSDS, if an application is pending: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 11/2015)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):			CONTRACT NO. <b>32A0451</b>	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
1	1	Lump Sum	All labor, materials, supplies, travel, equipment, tools, and incidentals necessary to furnish and install approximately 3,100 square feet of insulation as described in <b>STD 213, Exhibit A, Scope of Work.</b>	\$ \$23,088

## ATTACHMENT 2

State of California—Department of General Services, Procurement Division  
GSPD-05-105 (REV 06/09)

Solicitation Number **32A0451**

### BIDDER DECLARATION

**1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):**

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE):** \_\_\_\_\_ or None ☒ (If "None," go to Item #2)
- b. Will subcontractors be used for this contract?** Yes ☐ No ☒ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

- c. If you are a California certified DVBE:** (1) Are you a broker or agent? Yes ☐ No ☒  
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☒

**2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):**

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**CERTIFICATION:** By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Page \_\_\_\_ of \_\_\_\_